

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 77777777	2 Total pages this report: 1/21
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Edward NICKNAME LAST SUFFIX Garza		OFFICE USE ONLY Date Received 2005 JAN 18 AM 11:30 RECEIVED CITY OF SAN ANTONIO CITY CLERK Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE P O Box 28328 <input type="checkbox"/> Change of Address San Antonio TX 78228		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Mrs. Edith M. NICKNAME LAST SUFFIX McAllister		
	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE 203 Terrell Rd. San Antonio TX 78209		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 444-2792		
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year 07/01/2004 THROUGH 12/31/2004		
10 ELECTION	ELECTION DATE Month Day Year ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..		
	Name		
	Address/PO Box: Apt. / Suite #: City: State: Zip Code		
<input type="checkbox"/> additional pages			
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Edward Garza

16 ACCOUNT # (Ethics Commission filers)

77777777

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

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18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 13250.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 17479.81

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

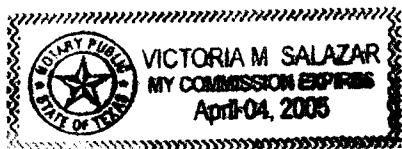
\$ 909.44

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ed Garza, this the 18 dayof January, 2005, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 3/21	
2 FILER NAME Edward Garza		3 ACCOUNT # (Ethics Commission filers) 77777777	
4 Date 07/16/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Mark Armbruster	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 10940 Wilshire Blvd. Suite 2100 Los Angeles CA 90024			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 07/16/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) CFK Realty	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5456 McConnell Avenue Los Angeles CA 90066-7602			
Principal occupation (Optional)		Employer (Optional)	
Date 07/16/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Cordoba Coporation	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 660 South Figueroa Suite 1170 Los Angeles CA 90017			
Principal occupation (Optional)		Employer (Optional)	
Date 07/16/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. John Ek	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 924 South Dodaon Ave. San Pedro CA 90732			
Principal occupation (Optional)		Employer (Optional)	
Date 07/16/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mrs. Esther Osornio Ek	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 924 South Dodaon San Pedro CA 90732			
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
4/21

2 FILER NAME
Edward Garza

3 ACCOUNT # (Ethics Commission filers)
77777777

4 Date
10/05/2004

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Mr. R.J. Fisher

6 Contributor address: City; State; Zip Code
4914 Timber Heights
San Antonio TX 78250

7 Amount of contribution (\$)
500.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date
11/18/2004

Full name of contributor ☐ out-of-state PAC(ID# _____)
Mr. Paul Garza

Contributor address: City; State; Zip Code
3 Nikita Dr.
San Antonio TX 78248-2806

Amount of contribution (\$)
1000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
10/06/2004

Full name of contributor ☐ out-of-state PAC(ID# _____)
Mr. Michael Lynd

Contributor address: City; State; Zip Code
52 Eton Green Circle
San Antonio TX 78257-1638

Amount of contribution (\$)
1000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
07/01/2004

Full name of contributor ☐ out-of-state PAC(ID# _____)
Multicultural Enterprises DBA the G3 Group

Contributor address: City; State; Zip Code
711 S. Carson St. Suite 4
Carson City NV 89701

Amount of contribution (\$)
1000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
11/17/2004

Full name of contributor ☐ out-of-state PAC(ID# _____)
Bobby Perez

Contributor address: City; State; Zip Code
P O Box 5344
San Antonio TX 78201

Amount of contribution (\$)
1000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:

5/21

2 FILER NAME

Edward Garza

3 ACCOUNT # (Ethics Commission filers)

77777777

4 Date

10/05/2004

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Quicktrace

6 Contributor address: City: State: Zip Code
2126 West Mistletoe Ave

San Antonio TX 78201-5386

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

10/04/2004

Full name of contributor ☐ out-of-state PAC(ID# _____)
Isacc Ramirez

Contributor address: City: State: Zip Code
c/o 2161 N. W. Military Hwy #111

San Antonio TX 78213

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/08/2004

Full name of contributor ☐ out-of-state PAC(ID# _____)
Mr. Jim Smith

Contributor address: City: State: Zip Code
28843

San Antonio TX 78015

Amount of contribution (\$)

2000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

12/21/2004

Full name of contributor ☐ out-of-state PAC(ID# _____)
Mr. H.B. Zachery Jr.

Contributor address: City: State: Zip Code
7603 Shady Lane

San Antonio TX 78209

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
6/21**2** FILER NAME
Edward Garza**3** ACCOUNT # (Ethics Commission filers)
77777777**4** Date
10/05/2004**5** Payee name
AFL-CIO**7** Amount
(\$)
100.00**6** Payee address; City; State; Zip Code
311 S. St. Mary's
San Antonio TX 78205**8** Purpose of expenditure (See instructions regarding type of information required.)
Chairity Event**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held**Date**
10/20/2004**Payee name**
Alamo Travel Group**Amount**
(\$)
551.10**Payee address; City; State; Zip Code**
9000 Wurzbach Rd
San Antonio TX 78240**Purpose of expenditure** (See instructions regarding type of information required.)
Travel**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held**Date**
07/22/2004**Payee name**
Aramark**Amount**
(\$)
800.04**Payee address; City; State; Zip Code**
100 Montana
San Antonio TX 78203**Purpose of expenditure** (See instructions regarding type of information required.)
Suites for Soccer Match**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held**Date**
07/01/2004**Payee name**
Boston Harbor**Amount**
(\$)
416.06**Payee address; City; State; Zip Code**
70 Rows Wharf
Boston MA 02110**Purpose of expenditure** (See instructions regarding type of information required.)
Travel**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
7/21**2** FILER NAME
Edward Garza**3** ACCOUNT # (Ethics Commission filers)
77777777**4** Date
08/06/2004**5** Payee name
Brackenridge Eagles Football Program**7** Amount
(\$)
95.00**6** Payee address; City; State; Zip Code
400 Eagleland Drive
San Antonio TX 78210**8** Purpose of expenditure (See instructions regarding type of information required.)
Program Ad**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought

Office held

2005 JAN 8 A

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DNDIO

Date

Payee name

Amount

08/06/2004

Charger Sports Association

(\$)

300.00

Payee address; City; State; Zip Code

14322 Chimney House

San Antonio TX 78231

Purpose of expenditure (See instructions regarding type of information required.)
Program AdComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount

08/10/2004

Cingular Wireless

(\$)

529.04

Payee address; City; State; Zip Code

P O Box 4460

Houston TX 77097

Purpose of expenditure (See instructions regarding type of information required.)
PhoneComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount

09/17/2004

Cingular Wireless

(\$)

628.65

Payee address; City; State; Zip Code

P O Box 650574

Dallas TX 78265

Purpose of expenditure (See instructions regarding type of information required.)
PhoneComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
8/21**2** FILER NAME
Edward Garza**3** ACCOUNT # (Ethics Commission filers)
77777777**4** Date
10/07/2004**5** Payee name
Cingular Wireless**7** Amount
(\$)
798.47**6** Payee address; City; State; Zip Code
P O Box 4460
Houston TX 77097**8** Purpose of expenditure (See instructions regarding type of information required.)
Phone**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held**Date**
11/19/2004**Payee name**
Cingular Wireless**Amount**
(\$)
299.14**Payee address; City; State; Zip Code**
P O Box 4460
Houston TX 77097**Purpose of expenditure** (See instructions regarding type of information required.)
Phone**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held**Date**
12/08/2004**Payee name**
Cingular Wireless**Amount**
(\$)
248.04**Payee address; City; State; Zip Code**
P O Box 4460
Houston TX 77097**Purpose of expenditure** (See instructions regarding type of information required.)
Phone**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held**Date**
08/13/2004**Payee name**
Clark Booster Club**Amount**
(\$)
150.00**Payee address; City; State; Zip Code**
7 Inwood Moss
San Antonio TX 78248**Purpose of expenditure** (See instructions regarding type of information required.)
Program Ad**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
9/21**2** FILER NAME
Edward Garza**3** ACCOUNT # (Ethics Commission filers)
77777777**4** Date
07/30/2004**5** Payee name
Bob Crider**7** Amount
(\$)
400.00**6** Payee address; City; State; Zip Code
1500 Fredricksburg
San Antonio TX 78201**8** Purpose of expenditure (See instructions regarding type of information required.)
Rent**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
09/01/2004Payee name
Bob CriderAmount
(\$)
400.00Payee address; City; State; Zip Code
1500 Fredricksburg
San Antonio TX 78201Purpose of expenditure (See instructions regarding type of information required.)
RentComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
10/12/2004Payee name
Bob CriderAmount
(\$)
400.00Payee address; City; State; Zip Code
1500 Fredricksburg
San Antonio TX 78201Purpose of expenditure (See instructions regarding type of information required.)
RentComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
11/17/2004Payee name
Bob CriderAmount
(\$)
400.00Payee address; City; State; Zip Code
1500 Fredricksburg
San Antonio TX 78201Purpose of expenditure (See instructions regarding type of information required.)
RentComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
10/21**2** FILER NAME
Edward Garza**3** ACCOUNT # (Ethics Commission filers)
77777777**4** Date
12/09/2004**5** Payee name
Bob Crider**7** Amount
(\$)
400.00**6** Payee address; City; State; Zip Code
1500 Fredricksburg
San Antonio TX 78201**8** Purpose of expenditure (See instructions regarding type of information required.)
Rent**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldRECEIVED
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2005 JAN 18 ADate
08/12/2004Payee name
Delta AirlinesAmount
(\$)
47.89Payee address; City; State; Zip Code
Atlanta GA 30320Purpose of expenditure (See instructions regarding type of information required.)
TravelComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
08/19/2004Payee name
Delta AirlinesAmount
(\$)
702.00Payee address; City; State; Zip Code
Atlanta GA 30320Purpose of expenditure (See instructions regarding type of information required.)
TravelComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
08/06/2004Payee name
Diamondbackers Sports AssociationAmount
(\$)
250.00Payee address; City; State; Zip Code
19000 Ronald Regan
San Antonio TX 78258Purpose of expenditure (See instructions regarding type of information required.)
Program AdComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
11/21**2** FILER NAME
Edward Garza**3** ACCOUNT # (Ethics Commission filers)
77777777**4** Date
10/21/2004**5** Payee name
Four Seasons Hotel**7** Amount
(\$)
348.66**6** Payee address; City; State; Zip Code
1300 Lamar St.
Houston TX 77010**8** Purpose of expenditure (See instructions regarding type of information required.)
Travel**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
08/10/2004Payee name
Ed GarzaAmount
(\$)
31.06Payee address; City; State; Zip Code
P O Box 839966
San Antonio TX 78283Purpose of expenditure (See instructions regarding type of information required.)
Travel ReimbursementComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
08/19/2004Payee name
Ed GarzaAmount
(\$)
254.98Payee address; City; State; Zip Code
P O Box 839966
San Antonio TX 78283Purpose of expenditure (See instructions regarding type of information required.)
ReimbursementComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
08/29/2004Payee name
Mr. David GilliamAmount
(\$)
100.00Payee address; City; State; Zip Code
1026 Flower Forest
San Antonio TX 78245Purpose of expenditure (See instructions regarding type of information required.)
ReimbursementComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1** Total pages report:
12/21**2** FILER NAME
Edward Garza**3** ACCOUNT # (Ethics Commission filers)
77777777**4** Date
07/01/2004**5** Payee name
Hernandez Transfer**7** Amount
(\$)
185.00**6** Payee address; City; State; Zip Code
631 East Myrtle
San Antonio TX 78212**8** Purpose of expenditure (See instructions regarding type of information required.)
Move**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
12/27/2004Payee name
Holy Family Network CenterAmount
(\$)
100.00

Payee address; City; State; Zip Code

San Antonio TX

Purpose of expenditure (See instructions regarding type of information required.)
Chairity EventComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
10/05/2004Payee name
Jefferson Area Community OutreachAmount
(\$)
280.00

Payee address; City; State; Zip Code

201 Meredith Drive

San Antonio TX 78228

Purpose of expenditure (See instructions regarding type of information required.)
Chairity EventComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
10/11/2004Payee name
Joven CenterAmount
(\$)
100.00

Payee address; City; State; Zip Code

102 W WhiteAve.

San Antonio TX 78214

Purpose of expenditure (See instructions regarding type of information required.)
Charity EventComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
13/21**2** FILER NAME
Edward Garza**3** ACCOUNT # (Ethics Commission filers)
77777777**4** Date
08/18/2004**5** Payee name
Las Canarias**7** Amount
(\$)
160.87**6** Payee address; City; State; Zip Code
112 College St.
San Antonio TX 78205**8** Purpose of expenditure (See instructions regarding type of information required.)
Buisness Dinner**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought

Office held

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CITY OF SAN ANTONIO
2005 JAN 18 A

Date

08/06/2004

Payee name

Lee Booster Club

Amount
(\$)
305.00Payee address; City; State; Zip Code
1400 Jackson Keller
San Antonio TX 78213Purpose of expenditure (See instructions regarding type of information required.)
Program AdComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

07/23/2004

Payee name

Louie Gohmert Committee

Amount
(\$)
250.00Payee address; City; State; Zip Code
P.O. Box 8660
Tyler TX 75711Purpose of expenditure (See instructions regarding type of information required.)
SponsorshipComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

08/22/2004

Payee name

Michaelangelo Hotel

Amount
(\$)
515.32Payee address; City; State; Zip Code
152 W. 51st Street
New York NY 10019Purpose of expenditure (See instructions regarding type of information required.)
TravelComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
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SCHEDULE F

2005 JAN 18 A 11:31

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
14/21

2 FILER NAME
Edward Garza

3 ACCOUNT # (Ethics Commission filers)
77777777

4 Date 08/15/2004	5 Payee name Millennium Biltmore Hotel	7 Amount (\$) 414.48
6 Payee address; City; State; Zip Code 506 South Grand Avenue Los Angeles CA 90071-2602		

8 Purpose of expenditure (See instructions regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 07/01/2004	Payee name Eva Neubert	Amount (\$) 1000.00
Payee address; City; State; Zip Code 1223 Avenue B San Antonio TX 78215		

Purpose of expenditure (See instructions regarding type of information required.) Salary	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 10/31/2004	Payee name Omni Hotel Houston	Amount (\$) 188.28
Payee address; City; State; Zip Code 4 Riverway Houston TX 77056		

Purpose of expenditure (See instructions regarding type of information required.) Travel	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 10/27/2004	Payee name Omni Hotel	Amount (\$) 262.20
Payee address; City; State; Zip Code 900 North Shoreline Corpus Christi TX 78401		

Purpose of expenditure (See instructions regarding type of information required.) Travel	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

2005 JAN 18 A 11:31
SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.**1** Total pages report:
15/21**2** FILER NAME
Edward Garza**3** ACCOUNT # (Ethics Commission filers)
77777777**4** Date
08/13/2004**5** Payee name
Omni Mandalay Hotel**7** Amount
(\$)
315.26**6** Payee address; City; State; Zip Code
221 E Las Colinas Blvd
Irving TX 75039**8** Purpose of expenditure (See instructions regarding type of information required.)
Travel**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held**Date**
07/22/2004**Payee name**
Overstreet Studios**Amount**
(\$)
170.00**Payee address; City; State; Zip Code**
8126 Broadway
San Antonio TX 78209**Purpose of expenditure** (See instructions regarding type of information required.)
Soccer Photos**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held**Date**
11/19/2004**Payee name**
Overstreet Studios**Amount**
(\$)
170.00**Payee address; City; State; Zip Code**
8126 Broadway
San Antonio TX 78209**Purpose of expenditure** (See instructions regarding type of information required.)
Soccer Photos**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held**Date**
11/04/2004**Payee name**
Palmer House Hilton**Amount**
(\$)
379.17**Payee address; City; State; Zip Code**
Chicago IL**Purpose of expenditure** (See instructions regarding type of information required.)**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

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CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

2005 JAN 18 A 11:31

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
16/21

2 FILER NAME
Edward Garza

3 ACCOUNT # (Ethics Commission filers)
77777777

4 Date
07/30/2004

5 Payee name

Plaza Club

7 Amount
(\$)
90.78

6 Payee address; City; State; Zip Code

2100 Frost Bank Tower

San Antonio TX 78205

8 Purpose of expenditure (See instructions regarding type of information required.)
Membership Fee

9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

08/19/2004

Payee name

Plaza Club

Amount
(\$)
99.85

Payee address; City; State; Zip Code

2100 Frost Bank Tower

San Antonio TX 78205

Purpose of expenditure (See instructions regarding type of information required.)
Membership Fee

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

10/05/2004

Payee name

Post Master

Amount
(\$)
63.00

Payee address; City; State; Zip Code

San Antoni TX

Purpose of expenditure (See instructions regarding type of information required.)
Postal Fee

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

12/16/2004

Payee name

Post Master

Amount
(\$)
203.00

Payee address; City; State; Zip Code

San Antoni TX

Purpose of expenditure (See instructions regarding type of information required.)
Stamps for Christmas Cards

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

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SCHEDULE F

2005 JAN 18 A H 31

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
17/21

2 FILER NAME
Edward Garza

3 ACCOUNT # (Ethics Commission filers)
77777777

4 Date
08/24/2004

5 Payee name
SBC

7 Amount
(\$)
200.00

6 Payee address; City; State; Zip Code
P O Box 4844
Houston TX 77097

8 Purpose of expenditure (See instructions regarding type of information required.)
Phone

9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
10/05/2004

Payee name
SBC

Amount
(\$)
65.55

Payee address; City; State; Zip Code
P O Box 4844
Houston TX 77097

Purpose of expenditure (See instructions regarding type of information required.)
Phone

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
10/15/2004

Payee name
SBC

Amount
(\$)
30.08

Payee address; City; State; Zip Code
P O Box 4844
Houston TX 77097

Purpose of expenditure (See instructions regarding type of information required.)
Phone

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
10/15/2004

Payee name
SBC

Amount
(\$)
151.21

Payee address; City; State; Zip Code
P O Box 4844
Houston TX 77097

Purpose of expenditure (See instructions regarding type of information required.)
Phone

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

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SCHEDULE F

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2005 JAN 18 1 41:31
Total page report:
18/21

2 FILER NAME Edward Garza		3 ACCOUNT # (Ethics Commission filers) 77777777	
4 Date 11/29/2004	5 Payee name SBC		7 Amount (\$) 47.22
6 Payee address; City; State; Zip Code P O Box 4844 Houston TX 77097			
8 Purpose of expenditure (See instructions regarding type of information required.) Phone		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 12/27/2004	Payee name SBC		Amount (\$) 82.93
Payee address; City; State; Zip Code P O Box 4844 Houston TX 77097			
Purpose of expenditure (See instructions regarding type of information required.)		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 10/31/2004	Payee name Southwest Airlines		Amount (\$) 99.60
Payee address; City; State; Zip Code 10000 John Saunders San Antonio TX 78216			
Purpose of expenditure (See instructions regarding type of information required.) Travel		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 11/06/2004	Payee name Southwest Airlines		Amount (\$) 453.90
Payee address; City; State; Zip Code 10000 John Saunders San Antonio TX 78216			
Purpose of expenditure (See instructions regarding type of information required.)		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

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SCHEDULE F

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2005 JAN 18 A 11:31
Total pages report: 192

2 FILER NAME Edward Garza		3 ACCOUNT # (Ethics Commission filers) 7777777	
4 Date 07/30/2004	5 Payee name Suchy's Flowers		7 Amount (\$) 153.70
6 Payee address; City; State; Zip Code 955 Cincinnati Avenue San Antonio TX 78201			
8 Purpose of expenditure (See instructions regarding type of information required.) Flowers		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 08/19/2004	Payee name Suchy's Flowers		Amount (\$) 92.22
Payee address; City; State; Zip Code 955 Cincinnati Avenue San Antonio TX 78201			
Purpose of expenditure (See instructions regarding type of information required.) Flowers		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 10/15/2004	Payee name Suchy's Flowers		Amount (\$) 507.39
Payee address; City; State; Zip Code 955 Cincinnati Avenue San Antonio TX 78201			
Purpose of expenditure (See instructions regarding type of information required.) Flowers		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 08/06/2004	Payee name Taft Raiders Athletic Boosters		Amount (\$) 70.00
Payee address; City; State; Zip Code 11600 Farm Rd 471 W San Antonio TX 78253			
Purpose of expenditure (See instructions regarding type of information required.) Program Ad		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

POLITICAL EXPENDITURES**SCHEDULE F**

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2005 JAN 18 A 11:31

1 Total pages report:

2 FILER NAME
Edward Garza3 ACCOUNT # (Ethics Commission filers)
777777774 Date
07/22/20045 Payee name
Ms. Bonnie Terry7 Amount
(\$)
100.006 Payee address; City; State; Zip Code
2552 W Woodlawn •
San Antonio TX 782288 Purpose of expenditure (See instructions regarding type of
information required.)
Bar B Que Fundraiser9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
11/29/2004Payee name
Ms. Bonnie TerryAmount
(\$)
100.00Payee address; City; State; Zip Code
2552 W Woodlawn
San Antonio TX 78228Purpose of expenditure (See instructions regarding type of
information required.)
Chairity EventComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
08/19/2004

Payee name

The Drake

Amount
(\$)
356.19Payee address; City; State; Zip Code
140 East Walton Place
Chicago IL 60611-1501Purpose of expenditure (See instructions regarding type of
information required.)
TravelComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
08/06/2004

Payee name

Thomas Jefferson Booster Club

Amount
(\$)
150.00Payee address; City; State; Zip Code
San Antonio TXPurpose of expenditure (See instructions regarding type of
information required.)
Program AdComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

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1 Total pages report:

2 FILER NAME
Edward Garza

3 ACCOUNT # (Ethics Commission filers)
7777777

4 Date 10/05/2004	5 Payee name Time Warner Cable	7 Amount (\$) 52.92
6 Payee address; City; State; Zip Code P O Box 650734 Dallas TX 75265		

8 Purpose of expenditure (See instructions regarding type of information required.) Cable	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 11/19/2004	Payee name Time Warner Cable	Amount (\$) 54.94
Payee address; City; State; Zip Code P O Box 650734 Dallas TX 75265		

Purpose of expenditure (See instructions regarding type of information required.) Cable	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 12/27/2004	Payee name Time Warner Cable	Amount (\$) 74.04
Payee address; City; State; Zip Code P O Box 650734 Dallas TX 75265		

Purpose of expenditure (See instructions regarding type of information required.) Cable	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 08/21/2004	Payee name Westin	Amount (\$) 115.58
Payee address; City; State; Zip Code 310 South High Street Columbus OH 43215		

Purpose of expenditure (See instructions regarding type of information required.) Travel	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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